

STATE OF CALIFORNIA

CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD

Base Year Modification Request Certification

Part 1: Generation Study - No Extrapolation Diversion Data

To request a substitution for a previously approved base-year used in calculating the diversion rate for your jurisdiction, please complete and sign this form and return it to your Office of Local Assistance (OLA) representative at the address below, along with any additional information requested by OLA staff. When all documentation has been received, your OLA representative will work with you to prepare for your appearance before the Board. If you have any questions about this process, please call (916) 341-6199 to be connected to your OLA representative.

Mail completed documents to:

California Integrated Waste Management Board  
Office of Local Assistance  
1001 I Street, 9th Floor  
PO Box 4025  
Sacramento, CA 95812-4025

General Instructions:

Please select the ONE choice below that best explains your request to the Board.

- ☐ 1. Use a recent generation-based study to calculate our current reporting-year generation amount, but not officially change our existing Board-approved base year.
- ☒ 2. Use a recent generation-based study to officially change our existing Board-approved base year to a new base year.

The shaded cells on these sheets are protected. If you have problems using these sheets, please contact your Office of Local Assistance representative.

Section 1: Jurisdiction Information and Certification			
All respondents must complete this section.			
I certify under penalty of perjury that the information in this document is true and correct to the best of my knowledge, and that I am authorized to make this certification on behalf of:			
Jurisdiction Name	County		
Westlake Village	Los Angeles		
Authorized Signature	Title		
<i>David M. Polis</i>	<i>Recycling Coordinator</i>		
Type/Print Name of Person Signing	Date	Phone (800) (Include Area Code)	
<i>David M. Polis</i>	<i>6/20/2001</i>	<i>575-4979</i>	
Person Completing This Form (Please print or type)	Title		
<i>David M. Polis</i>	<i>Recycling Coordinator</i>		
Affiliation: <i>Contract employee since 1994</i>			
Mailing Address	City	State	ZIP Code
<i>2136 Palomar Avenue</i>	<i>Ventura</i>	<i>CA</i>	<i>93001</i>
E-mail address <i>PolisAssociates@yahoo.com</i>			